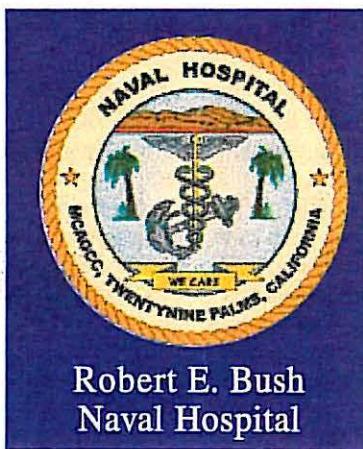
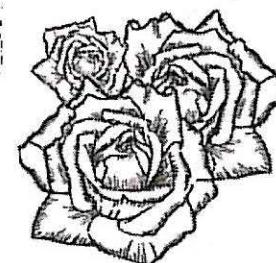


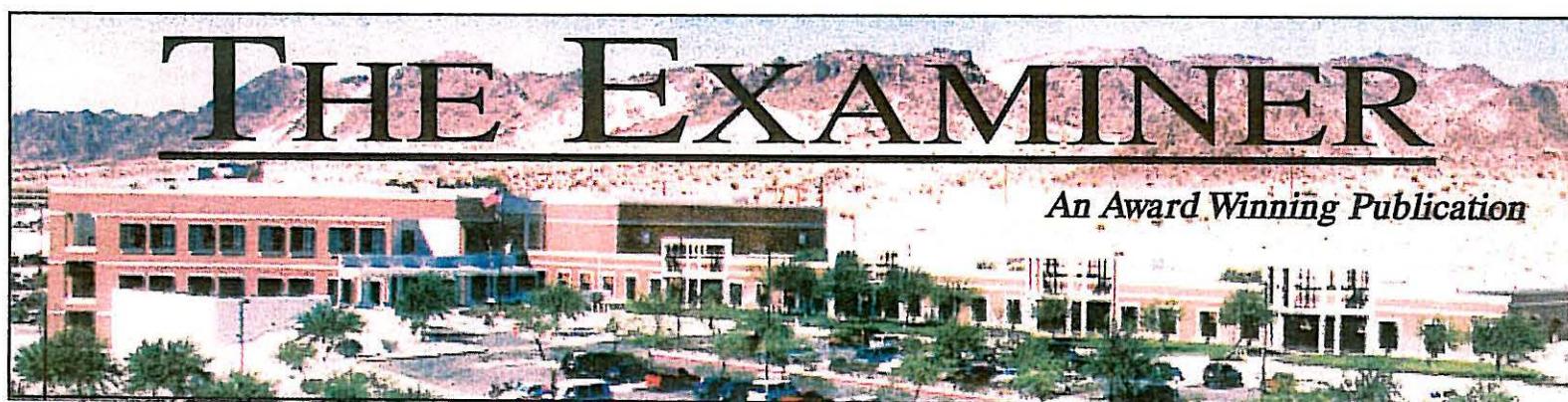
May 9, 2008

Robert E. Bush  
Naval Hospital

HAPPY MOTHER'S DAY



May 11, 2008



www.nntp.med.navy.mil

## Navy Nursing Celebrates 100 Years

May 13, 1908, President Theodore Roosevelt signed the Naval Appropriations Bill authorizing the establishment of the Nurse Corps as a unique staff corps of the Navy.

The first applications to the Nurse Corps were sent by women from around the nation to the Bureau of Medicine and Surgery. Candidates were required to travel to Washington, DC, at their own expense and take oral and written examinations. The first members of the Nurse Corps included a superintendent (Esther Hasson), a chief nurse (Lenah Higbee), and 18 other women. These women, known as the "Sacred Twenty," established the foundation of service and caring that defines the Navy Nurse Corps.

For 100 years, members of the Navy Nurse Corps included many who served overseas and on the front lines. They worked in contagious disease wards during the Spanish Influenza epidemic. They treated and cared for the sick and wounded in World War I base hospitals,

World War II prisoners of war camps and the Pacific operating theaters. They served aboard hospital ships in the Korean and Vietnam wars. They served during many Navy humanitarian missions. They are serving at the fleet hospitals supporting Operations Enduring Freedom and Iraqi Freedom. Navy nurses have served and continue to serve in many environments -- overseas, onboard ships, in medical centers, in clinics, in medevac helos, in hospital tents and under the hostile conditions of war. They are honored to serve the men and women of the Navy and Marine Corps, active duty and retired, and their family members.

At the beginning of World War I the Navy Nurse Corps included 160 nurses. By the 1918 Armistice the Nurse Corps had grown to more than 1,000 nurses. As the war drew to a close that year, more people died from Spanish Influenza than from combat, and when the disease appeared in the US, health providers could only treat the symptoms, which included the added complication of pneumonia. More than 120,000 Navy



Group photograph of the first twenty Navy Nurses, appointed in 1908. Taken at the Naval Hospital, Washington, D.C., circa October 1908. Present in the front row are (from left to right): Mary H. Du Bois; Adah M. Pendleton; Elizabeth M. Hewitt; Della V. Knight; Josephine Beatrice Bowman, the third Superintendent of the Navy Nurse Corps, 1922-1935; Lenah H. Sutcliffe Higbee, the second Superintendent of the Navy Nurse Corps, 1911-1922; Esther Voorhees Hasson, the first Superintendent of the Navy Nurse Corps, 1908-1911; Martha E. Pringle; Elizabeth J. Wells; and Clare L. De Ceu. In the back row are (left to right): Elizabeth Leonhardt; Estelle Hine; Ethel R. Parsons; Florence T. Milburn; Boniface T. Small; Victoria White; Isabelle Rose Roy; Margaret D. Murray; Sara B. Myer; and Sara M. Cox.

and Marine patients were admitted at Navy medical facilities to be cared for by Navy Nurses. Thirty-one Navy nurses died of the disease.

In 1921, eleven Navy nurses reported aboard the USS RELIEF. They were the first

female military nurses to serve aboard a hospital ship. Several years later, during the 1933 Long Beach earthquake, a field hospital from USS RELIEF was established in the city to provide

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### Inside...

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The TRICARE Management Activity (TMA) continues to improve a strong behavioral health care system by launching many initiatives to assist Service members, families, health care providers and military leaders. page 3

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# There is No Free Lunch in Life

By Martha Hunt, MA  
Health Promotion and Wellness  
Robert E. Bush Naval Hospital

I had this teacher in school that used to put me to sleep saying over and over "You know? There is no free lunch in life."

Every time he said that, my eyes rolled to the back of my head as teens do when they hear something they think doesn't affect them. After I got out of school and began to work in the real world, I heard his voice over and over and realized he was right. What does he have to do with an article in the Examiner and the Naval Hospital in general?

It has to do with the two way bond that patients and providers share in the health and well being of everyone who enters the doors of this Naval Hospital.

Every patient entering the doors of the hospital has seen the "patient rights and responsibility" posters that hang on the clinic walls. As a patient, you have certain protections as to the quality of care and how you are treated as a patient. One of these responsibilities, however, is to be proactive in your own care.

**"To Comply with Recommended Medical Care: It is your responsibility to comply with your medical treatment**

plan. This includes filling and taking all prescription medications and treatments as directed and adhering to all recommended follow-up care."

Complying with recommended medical care includes being proactive not only when being treated for a specific condition, but being proactive when it comes to routine recommended annual screening and care of chronic conditions such as asthma or diabetes.

Navy Medicine as a whole has changed how it provides funds to the local level Naval Hospitals. In the past, the hospital received its funding every year regardless of the percent of people it was screening annually or the percent of patients with out of control chronic disease conditions. Beginning this fiscal year Navy medicine instituted a pay for performance system whereby 45 percent of the hospital's budget is now predicated on its ability to meet pre-determined military staff individual medical readiness goals, workload and productivity goals, and evidence based healthcare goals. Specifically in the area of evidence based healthcare and as pertains to the patient himself or herself, if the hospital is not screening for certain disease conditions and not maintaining patients with chronic diseases at optimal health levels,

then the hospital's budget could be cut for under performance.

The big picture of the "lunch" at this Naval Hospital is -- when providers recommend certain tests such as mammography, colon cancer or cervical cancer screening and you as a patient choose not to access this free screening, then big Navy Medicine thinks that we are not living up to our end of the "lunch" price and we could lose budget funding from Navy Medicine. Well? If we aren't doing enough to encourage people to come in for their screening and routine care that can save lives and improve quality of life, then why give the hospital money?

If Navy Medicine cuts the overall funding that we have

been accustomed to receiving, it could cause the hospital as a whole consider modifying the number of "lunches" (i.e. mammograms, cervical cancer screens, etc) and reduce the staff that serve patients. Likewise, if we have a large number of asthma or diabetes patients whose chronic conditions are affecting their lives in unhealthy ways, then Navy Medicine cuts our funding again. When the hospital funding is cut, it affects the amount of care we provide to everyone as a whole.

The bottom line is -- as patients and providers work together to be as proactive as possible with regards to routine screening and control of chronic disease, we all benefit. In order to maximize funding of the

services here we need maximum participation by the patients. Then patients fully participate in their own care, the Hospital receives full funding from Navy Medicine and we share that "free lunch" with the patients under our care. Your provider encourages screening and control of chronic disease, so that you as a patient benefit by enhanced health status and a better quality of life.

If we are all truly proactive, Navy Medicine will even give us a bigger "free lunch" or budget to share with our patients, thereby rewarding patients and providers alike for a job well done and a healthier patient population. that is the "free lunch."

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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*Continued on page 7*

## WBGT Index Available on Hospital Website

By Dan Barber, Public Affairs Officer  
Robert E. Bush Naval Hospital

Just in case you haven't noticed, we are now fast approaching the summer season here... it's important to pay attention to your environment to prevent heat stroke.

The Heat Condition Flag Warning System, determined by the Wet Bulb Globe Temperature Index (WBGT) reading, on the Combat Center is set up to help you determine your safe daily outdoor activities in the summer months. The Robert E. Bush Naval Hospital also constantly monitors the "Mainside" WBGT in real time making it available on the hospital's internet at [www.nntp.med.navy.mil](http://www.nntp.med.navy.mil)

The WBGT index consists of a combination of readings from thermometers, providing temperatures for dry, humid and radiant heat. These three temperatures are combined in a standard formula providing a more accurate reading of heat stress intensity, known as the WBGT Index.

# TRICARE Builds Strong Behavioral Health Support

FALLS CHURCH, Va. -- The TRICARE Management Activity (TMA) continues to improve a strong behavioral health care system by launching many initiatives to assist Service members, families, health care providers and military leaders.

Results from U.S. participation in the Global War on Terror prompted TRICARE to develop these initiatives with a wide range of additional educational tools, resources and assistance programs. Beneficiaries are using these tools to recognize signs of stress, depression, post-traumatic stress disorder (PTSD), substance abuse and more. They're getting help locating a health care provider, learning about symptoms or supporting a loved one dealing with a diagnosis.

Most recently, the Behavioral Health Provider Locator and Appointment Assistance Service began in all U.S. TRICARE regions for active duty service members and their enrolled family members who need help locating and making appointments with behavioral health care providers. Beneficiaries call one regional phone number where a representative will help find a provider or assist with making an appointment.

The toll-free numbers are: West Region, (866) 651-4970; North Region, (877) 747-9579; and South Region (877) 298-3514. Hours vary according to region.

TRICARE provides resources and information regarding behavioral health benefits on the

Mental Health and Behavior Web page at <[www.tricare.mil/mybenefit/ProfileFilter.do?puri=%2Fhome%2FMentalHealthAndBehavior](http://www.tricare.mil/mybenefit/ProfileFilter.do?puri=%2Fhome%2FMentalHealthAndBehavior)>. Here, beneficiaries can access information on conditions, providers, treatments and learn how to get care. A new section on the site can help with suicide prevention.

TRICARE is also proactively educating non-Active Duty ben-

that may avoid getting treatment because they fear treatment could reflect poorly on the service member. Authorization is needed after the first eight visits to continue treatment.

"This is just one of many programs and services provided by TRICARE to support healthy minds and lifestyles," said Maj. Gen. Elder Granger, deputy director, TMA.

Recently, TriWest Healthcare

the TRICARE West Region can request assistance with a mental health crisis or with simple requests for behavioral health information by calling (866) 284-53743.

Military leadership is often the first to respond when families have been notified of a loss. For this reason, a program teaching leaders how to communicate with grieving

families has been successful in

many of TRICARE's new educational tools, it is available in both English and Spanish.

Health Net also designed a journal for children of deployed parents to help them successfully navigate the unique challenges military families face. More than 30,000 of the journals titled *My Life, A Kid's Journal* have been distributed and can be found at <[www.hnfs.net/common/newsResources/Kids+Journal+News+Release.htm](http://www.hnfs.net/common/newsResources/Kids+Journal+News+Release.htm)>

Humana Military Healthcare Services offers "AchieveSolutions," an on-line resource offering TRICARE beneficiaries a secure, safe environment to seek information, educational materials and self-assessment tools in the south region. It can be accessed through the behavioral health link on Humana's Web site at <[www.humana-military.com](http://www.humana-military.com)>

"We take fundamental principles of behavioral health care and incorporate them into TRICARE's comprehensive care management system," said Granger. "We also continually forge new partnerships with military and civilian organizations to maximize behavioral health care resources available to beneficiaries, providers and military leaders."

**Note: Active Duty Members do not require an appointment for the Deployment Health Center at the Robert E. Bush Naval Hospital, they can walk in during normal business hours for an assessment.**

eficiaries on the self-referral option through newsletter articles, bulletins and press releases. This option allows TRICARE Prime family members and retirees to receive the first eight private sector outpatient behavioral health care visits per fiscal year from a network provider without a referral from a Primary Care Manager or prior authorization from their Managed Care Support Contractor (MCSC).

To avoid point-of-service cost sharing charges for these visits, non-active duty TRICARE Prime enrollees must obtain care from TRICARE network-authorized providers or have a referral to a non-network provider and enrollees in the TRICARE Overseas Program must obtain their care from overseas partnership providers. This is especially helpful to family members

Alliance and the Department of Veterans Affairs hosted a "Combat Stress-Related Disorders" video conference in South Dakota to bring together nearly 150 community-based physicians, nurses, psychiatrists and other health care professionals that care for service members and their families. The conference was simultaneously broadcast to 12 locations, providing education and discussion on the symptoms and treatment of PTSD, traumatic brain injury and other combat stress disorders.

TriWest continues to provide 24/7 telephone access and crisis intervention services. Service members and their families in

the TRICARE West Region. "Grief Solutions" provides military commanders and senior noncommissioned officers with a deeper understanding of how to support and assist survivors.

Health Net Federal Services, TRICARE's MCSC for the North Region, provides an on-line "Behavioral Health Resource Center" at <[www.hnfs.net/common/newsResources/Kids+Journal+News+Release.htm](http://members.mhn.com/eos/home/tricareentrypoint?companyCode=tricare)>. The resource center is designed to help beneficiaries balance work, family and life by providing comprehensive articles, information sheets, quick tips and additional resources on dozens of emotional health issues and more. Like

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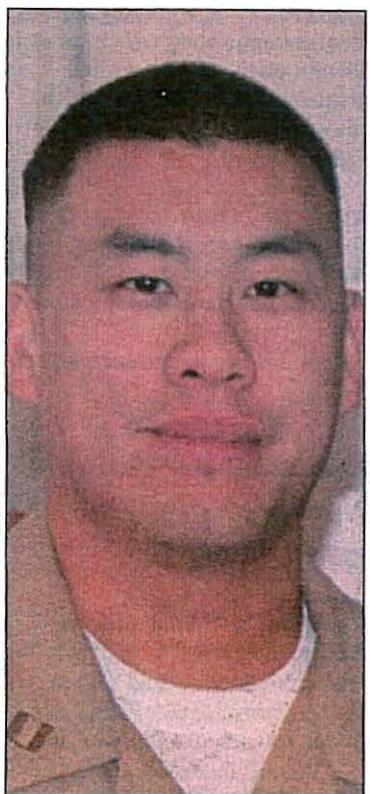
# Super Stars



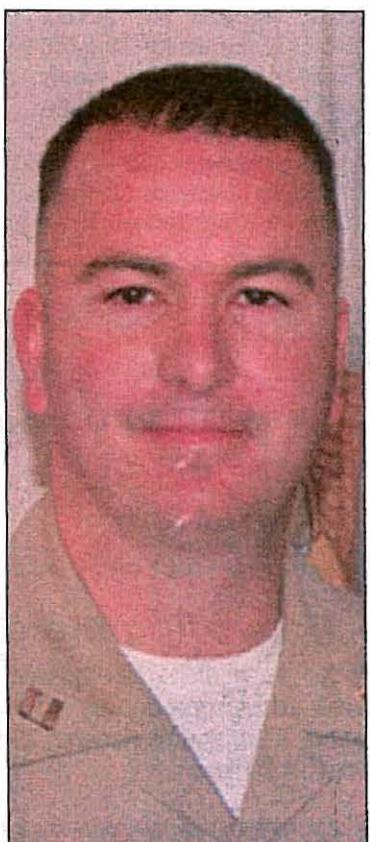
*HM3 Jeremy Allard, Maternal Infant Nursing Department, receives a Navy and Marine Corps Achievement Medal.*



*Lieutenant Neil Cascardo, Human Resources Department, receives a Navy and Marine Corps Commendation Medal.*



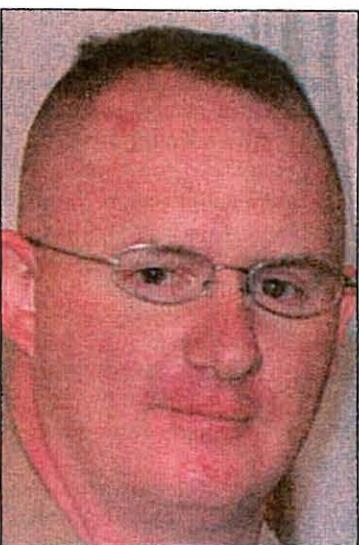
*Lieutenant Earl Chow, Head, Facilities Maintenance Department, receives a Navy and Marine Corps Commendation Medal.*



*Lieutenant Michael Mero, Nutrition Clinic, receives a Navy and Marine Corps Achievement Medal.*



*HM2 Adolfo Gonzalez, Human Resources Management Department, receives a Navy and Marine Corps Commendation Medal.*



*Lieutenant Thomas Nelson, Industrial Hygiene Officer, receives a Navy and Marine Corps Commendation Medal.*



*HM3 Eileen Loera, Primary Care Clinic, receives a Letter of Commendation.*



*HM2 Dawn Petta, Staff Education and Training, receives a Navy and Marine Corps Commendation Medal.*



*HM2 Dawn Petta, Staff Education and Training, takes the oath at her recent reenlistment ceremony.*



*Kristine Hagans, an RN in the Emergency Medicine Department receives a Federal Length of Service Award.*

# Navy Nursing Celebrates 100 Years...

Continued from page 1

humanitarian support, Navy Nurses were there to provide care.

December 7, 1941, still represents the U.S. Navy's greatest disaster. In just over two hours much of the Pacific Fleet was destroyed or seriously damaged. Seven battleships that once projected U.S. might and prestige -- either lay on the bottom of the harbor or were too crippled to be of any immediate use. The Navy lost 2,008 men. The USS SOLACE (AH-5), the Navy's newest hospital ship, was there.

Three days after the Pearl Harbor attack, December 10, 1941, five Navy Nurses were captured on Guam and sent to a military prison at Zentsuji, Japan. They were released eight months later and returned to the United States. Shortly after the New Year in 1942, eleven nurses were taken prisoner by the Imperial Japanese forces in the Philippines. During their 37-month long imprisonment the nurses continued to care for the sick and injured despite suffering from malnutrition, beri-beri, and chronic dysentery.

Nurses in World War II served at 40 Naval Hospitals, 176 dispensaries, onboard 12 hospital ships and as flight nurses on air evacuation missions.

Throughout the war, Navy nurses earned over 300 military awards for their service.

North Korea's invasion of South Korea in June 1950 marked the beginning of the Korean War. The Navy Nurse Corps played a pivotal role in caring for the sick and injured at 26 Naval Hospitals, 67 station hospitals and dispensaries around the globe, and aboard three hospital ships and eight Military Sea Transport Service ships. In 1951, the Nurse Corps would reach a peak of more than 3,200 active duty nurses.

In 1965, four nurses stationed in Saigon were wounded in the terrorist bomb explosion at the American officers' quarters. Despite their injuries these nurses refused treatment until all injured service personnel had been treated for their wounds. These nurses received Purple Hearts, becoming the first American women awarded that medal in the Vietnam War.

Providing emergency and definitive medical care for Navy and Marine Corps personnel became the mission of the Naval Support Activity Station Hospital, which would soon become the largest land based medical facility in Vietnam. The advanced emergency hospital center was designed to provide specialties not usually represented in the medical battalion hospitals, such as neurosurgery, dermatology, urology, plastic surgery, ophthalmology, and ENT treatment. Navy nurses served in the facility.

In 1991, Naval Base Guantanamo Bay, Cuba, became the Safe Harbor for Haitian migrants. Navy nurses at U.S. Naval Hospital Guantanamo Bay were called upon to screen and care for Haitian migrants on board Coast Guard cutters and Navy ships. An additional camp was established on base where Navy nurses played an active role in creating a ward to provide inpatient care. By the end of the year, the influx of migrants increased, a Joint Task Force was established, and medical personnel from all services participated in the care of over 12,000 Haitians.

In 1992 twenty-nine Navy nurses were mobilized in response to two natural disasters: Typhoon "Omar" in Guam and Hurricane "Andrew" in south Florida.

The day after Christmas 2004, a magnitude-9 earthquake generated a tsunami that swept across the Indian Ocean and wreaked devastation along the coastlines of Indonesia, Sri Lanka, and Thailand, killing over 155,000 people and leaving many more homeless. Navy medical teams with the USS BONHOMME RICHARD, USS ABRAHAM LINCOLN, Carrier Air Wing Two, and USNS MERCY (T-AH19) worked tirelessly with members of the international military community in providing medical care to the victims. Navy nurses were there.

From June to October 2007 the USNS COMFORT (T-AH 20) deployed as part of a humanitarian mission for the "Partnership for the Americas" visiting 12 countries and seeing over



Some of the Nurses of the Robert E. Bush Naval Hospital are from left to right front row: Cmdr. Lear; Captain Johnson; Lt. Watson; Ensign Castro; Lt.j.g. Morris; Lt. Cmdr. Nixon; Lt. Mahon; Lt. Moon; Lt. Braus; Ensign Francisco; Lt. Westcott. Second row from left to right are: Cmdr. Lovejoy; Lt. Cmdr. Slonski; Lt. Cmdr. Burnett; Lt. Cmdr. Dittrich; Lt. Lovato; Lt. Cmdr. Palmer; Lt. Edgar; Lt. Cmdr. Sol; Lt. Weiss; Lt. Jensen. Third row from left to right are: Lt. Velazquez; Lt. Lymer; Lt. Cmdr. Anderson; Ensign Abernathy; Lt. Cmdr. Burnell; Lt. Guy; Lt. Radakovic; Ensign Star; Cmdr. Heisler and Lt. Cmdr. Currie.

98,000 patients in the Caribbean and South America including Belize, Guatemala, Panama, Nicaragua, El Salvador, Ecuador, Peru, Columbia, Haiti, Trinidad/Tobago, Guyana and Suriname. The COMFORT and

its team of multiservice health care professionals represented active duty and reserve military, civilian, and non-government organization from various fields. Navy nurses were part of the mission.

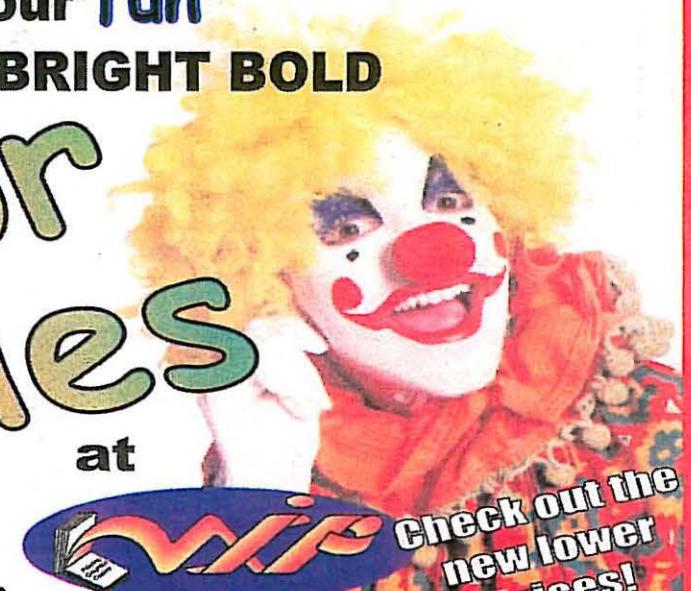
## Today...

More than 4,000 active duty and reserve Navy nurses are serving in operational, humanitarian, and traditional missions

Continued on page 7

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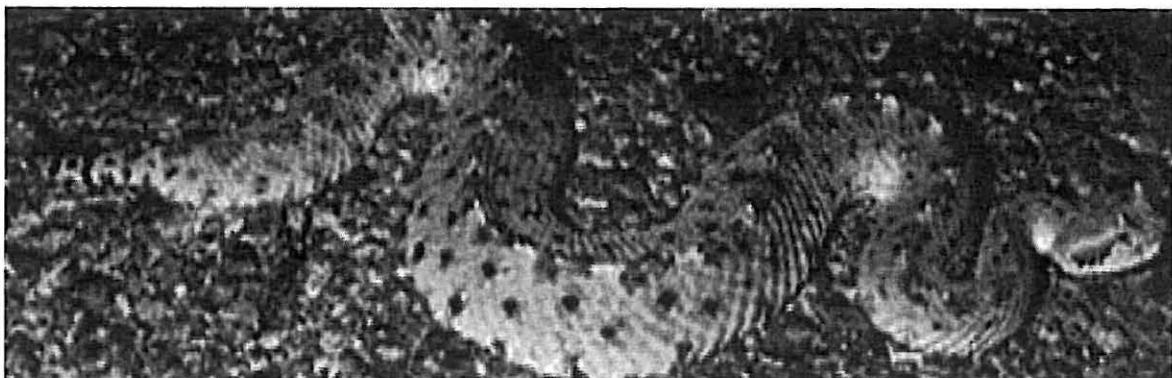
# Dangerous Creatures of Morongo Basin

By Martha Hunt, MA  
Health Promotions  
Robert E. Bush Naval Hospital

**M**ost of the dangerous creatures of Morongo Basin have been tucked away hibernating for the last few months. However, as spring is quickly approaching, the desert and its creatures will be re-awakening to begin the cycle

of life again.

If you have been in Twentynine Palms for a while, some of these may not be so scary anymore. If you are new to Twentynine Palms, you think that everything that crawls, slithers, creeps or flies is going to either kill you or leave you maimed for life. Here is a brief overview of some of these critters, which in the end are not so scary after all when you learn how to avoid them.



The Black Widow Spider.

The best form of critter prevention is to stay away from them, to eliminate all inviting, homey spots around your home such as piles of lumber and debris, and to seal all cracks and crevices that they can use to crawl into your home. A little spackle and paint does wonders as far as sealing tiny cracks and holes where the critters can enter your home.

Most critters, either poisonous

and need to be kept clean like any open wound.

Spider and scorpion bites are rarely fatal, and when handled properly, can be easily treated as well. Black Widow bites and scorpion stings feel like a pin-prick and progresses in pain and swelling until the whole area is red, warm, and swollen. The pain may spread to other parts of the body and symptoms may also include nausea, sweating,

themselves and the snake usually ends up paying for your teasing with its life. It has been estimated that as many as half of all snakebites are provoked by humans purposely scaring the snakes. Of those bites that are not provoked by people, most are below the knee and half are dry (meaning that no venom was injected).

A good rule to follow in Morongo Basin is -- "if it rat-

*Most critters, either poisonous or semi-poisonous, prefer nice dark, quiet, undisturbed places such as out buildings, wood or debris piles, closets, attics, etc. and they usually only wander out of these spaces when they are hungry. In fact, most critter/ human contact is purely accidental on both parts, resulting in the critter biting out of fear.*

or semi-poisonous, prefer nice dark, quiet, undisturbed places such as out buildings, wood or debris piles, closets, attics, etc. and they usually only wander out of these spaces when they are hungry. In fact, most critter/ human contact is purely accidental on both parts, resulting in the critter biting out of fear.

The two scariest spiders in this area are the Black Widow and Brown Recluse spiders. While it's correct that there are no true Brown Recluses here in Morongo Basin, their first cousins live here, and at first glance can be mistaken for a true Brown Recluse. This cousin of the Brown Recluse also causes necrotizing bites and so should also be viewed as potentially dangerous. A necrotizing bite is a bite that doesn't heal and continues to fester and spread from the original bite spot. Brown Recluse bites can take up to two months to heal

convulsions and, in rare cases, death.

The only people seriously at risk from Black Widow bites and scorpion stings are the very young or old and those individuals with compromised immune systems. If you are bitten or stung, call your health care provider or poison control number immediately and seek help.

A bite from a Brown Recluse may go unnoticed for several hours before turning red, swelling and beginning to blister. On rare occasions, a severe bite from a BR can cause the skin to not just blister up, but to die back and leave an open sore. Healing may take a month or longer and may leave a scar where the sore was. As with the Black Widow bites, Brown Recluse bites should be promptly treated to prevent further health risks.

Regarding snakes, don't tease snakes! They bite to defend

tles, it's poisonous." Snakes who do not have rattles in Morongo Basin are either non-poisonous or semi-poisonous (they'll just make you ill if bitten, not kill you).

If any snake bites you or someone you are with, seek medical help immediately! Keep the victim calm, do not ice the wound and do not try to suck the venom from it. Snakebites are rarely fatal, but all snake bite victims need medical assistance!

Remember that the best way to avoid the dangerous creatures of Morongo Basin is to steer clear of them. Clean up the debris in your yard and get rid of those comfy hiding places that they live in. Seal all openings to your home and watch where you walk in your yard or when hiking. These creatures will try their best to avoid you and they are hoping you do the same as well.

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## WBGT Index...

*Continued from page 2*

Safety concerns with heat and PT are very real, especially in a desert environment. Dehydration is a constant threat when exercising in the heat. Since thirst occurs too late to be a good indicator of excessive water loss from the body, be sure to weigh yourself regularly during hot weather, especially if you're doing a lot of intense physical activity.

There is no specific temperature beyond which you should not exercise. People have become heat casualties even in subfreezing temperatures because they were overdressed. Any circumstances that cause your body's heat production to exceed its capability to cool off will often result in heat stress.

To alert Combat Center members of hazardous heat conditions, the following flags are flown to indicate readings and control physical activity:

Green Flag -- WBGT Index Temperatures range from 80-84.9 -- Unrestricted physical activity may be carried out.

Yellow Flag -- WBGT Index Temperatures range from 85-87.9 -- Physical activity should be limited to those people who have been exercising in similar heat for a minimum of 10 days or more.

Red Flag -- WBGT Index Temperatures range from 88-89.9 -- Physical activity is advised only for members who have been working out in similar heat conditions for a period of 12 weeks or more.

Black Flag -- WBGT Index Temperatures range 90 and above -- Vigorous outdoor exercise, regardless of conditioning or heat acclimation, is not advisable.

Combat Center members should be advised to note the flag, which is indicated on the hospital's web site before beginning outdoor workouts on Main side in the summer months. For Camp Wilson and Ranges, check with Marine Wing Support Squadron -- 374 (MWSS-374) Weather Office at 830-7809, as geographic locations on the base cause the WBGT Index to vary.

Although you do not have a choice about the characteristics of work clothing or gear, do not use a vapor barrier (rubber) suit as an aide for weight reduction while exercising. Exercising in a rubberized suit may result in severe dehydration and elevate your core body temperature. Wearing these suits also will not help you with your weight reduction program since the decrease in weight is due to a very temporary loss of fluid, not fat loss. If you are required to wear NBC gear or body armor you should add 10 points to the WBGT Index to determine your training activities.

For more information on the WBGT Index call the Hospital's Preventive Medicine Department at 830-2236.



May 26, 2008

## Navy Nursing Celebrates 100 Years...

*Continued from page 5*

on the home front and abroad. These men and women provide professional nursing care in peacetime and wartime under ordinary and extraordinary circumstances. Navy nurses are essential to Navy Medicine's Force Health Protection mission, integrating compassion with discipline, individuality with conformity, and wellness promotion with wartime readiness.

Navy nurses, in particular the wartime nursing specialties of mental health, nurse anesthesia, critical care,

***"What links us with our Navy Nurse Corps predecessors who served 100 years ago, and every day in between, is what makes us unique -- and it is what called us to naval service. Each of us joined the Navy Nurse Corps looking to make a difference, to do our part, and to serve this great country we love. We left our comfort zones, our families and friends. For each of us, the stories may be different, but I'm sure all would say that being part of the Navy Nurse Corps has exceeded all expectations, and has provided incredible personal and professional rewards. The Navy Nurse Corps has given us a rich life without regret and a life that will never be the same."***

Rear Admiral Christine Bruzek-Kohler, NC, USN  
Director of the Navy Nurse Corps  
Chief of Staff, Bureau of Medicine and Surgery  
Washington, DC

family nurse practitioners, emergency medicine, perioperative, and surgical, have been exemplary in all theaters of operations and healthcare settings. Navy nurses, with the support of civilian and contract nurses, answered the call of duty with outstanding dedication and provided hope and comfort to all those in need.

The Navy Nurse Corps continues to be one of the largest deploying groups among all professional corps (Medical, Dental and Medical Service Corps), in the Navy. From January 2006 to March 2008, 232 active duty and reserve Navy Nurse's deployed. Navy nurses are serving in operational roles in Kuwait; Iraq; Djibouti; Afghanistan; Bahrain; Qatar; Indonesia; Thailand; Southeast Asia; Pakistan; Guantanamo Bay, Cuba; Germany, and aboard both hospital ships MERCY and COMFORT and on many other grey-hulls.

In 2008 the USNS MERCY is scheduled for another humanitarian mission, "Pacific Partnership," visiting regions of the Western Pacific and Southeast Asia. Navy nurses will be aboard.

### **Tomorrow...**

The Director of the Nurse Corps continues shaping the Nurse Corps to meet the missions of the future. Navy nurses can be proud of what they have done and should be inspired and humbled by what they have left to do in the next 100 years.

### **Events :**

23 April 2008 -- Opening of a historical exhibit commemorating the centennial anniversary of the Navy Nurse Corps at the Women in Military Service for America Memorial

08 May 2008 -- Cake Cutting Ceremony, Quarterdeck.

10 May 2008 -- Navy Nurse Corps Celebration, Grand Manchester Hyatt, San Diego.

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# What to expect with deployments



## Anticipating a deployment? Is it number 1, 2, 3, 4 or 5?

Whether you are a beginner or an old pro, it always helps to have an idea of what to expect.

Although we cannot predict what will happen when your Sailor deploys, we can shed some light on the emotional roller coaster you, and they, will be riding. If this is not your

first time, at least part of the Emotional Cycle of Deployment, by Kathleen Vestal Logan, will seem very familiar.

A simple circle of three arrows represents the three cycles of deployment:

1. Predeployment
2. Deployment
3. Post Deployment

During the Predeployment cycle, we see (Stage 1) Anticipation of Loss. You may find yourself asking questions like: What am I going to do? Why do they have to leave? And will soon move to (Stage 2) Detachment and Withdrawal: I should get used to them being gone, so I will distance myself.

Deployment cycle shows us that no matter how much we prepare, we are no match for (Stage 3) Emotional Disorganization. You may feel a combination of positive and negative feelings; pride, loneliness, anger, love, disorganization. (Stage 4) Recovery and Stabilization is the time your emotions begin to improve. This is when all your preparations pay off. Your emotions and stability begin to get stronger and more positive and lead into (Stage 5) Anticipation of Homecoming. By this time the deployment is half over and you can start to see a light at the end of the tunnel! This is when you start making signs, and

preparing the family with plans for homecoming. You are positive, excited, nervous and happy!

The Post Deployment Cycle is the reintroduction cycle. This is where we (Stage 6) Renegotiate the Marriage. Now is the time to talk about feelings and experiences and what accommodations need to be made to fit changes in each of you. The final stage (Stage 7) Reintegration and Stabilization takes a little time. New routines have been established and you are feeling more relaxed and comfortable with each other. You are a couple again and the sense of security is growing.



**Sat. May 24, 2008**  
at the Yucca Valley Community Center

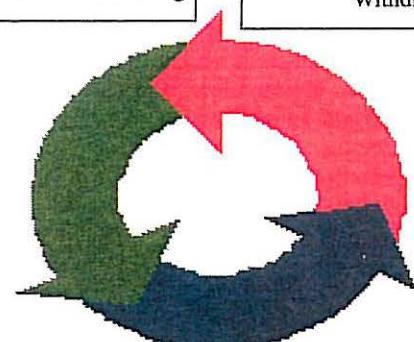
Vendor applications are available at the Basin Wide Foundation, Z1077, Town of Yucca Valley recreation dept. and Hi-Desert Star. Non-profit and commercial vendors welcome! (deadline May 16, 2008)



Call Cindy at 365-3315; Kelly at 365-7019 or Maureen at 369-7211 for vendor information. Join us and make this a special day to celebrate our community!

Deployment  
Stage 3 - Emotional Disorganization  
Stage 4 - Recovery and Stabilization  
Stage 5 - Anticipation of Homecoming

Pre-deployment  
Stage 1 - Anticipation of Loss  
Stage 2 - Detachment and Withdrawal



Post -deployment  
Stage 6 - Renegotiation of the Marriage  
Stage 7 - Reintegration and Stabilization

211

Resource of the Month:

- \* Southern CA Database of Resources & Live Information & Referral Consultants
- \* Access to All Community/Civilian Resources
- \* Speak Several Languages
- \* Visit [www.211.org](http://www.211.org) for National Support
- \* Call 211 from Land Line or 858-300-1211 from Cell Phone